

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Division of Mental Health and Addiction Services

in partnership with the

New Jersey Department of Children and Families

Request for Proposals (RFP)

**Partnerships to Demonstrate the Effectiveness of Supportive
Housing for Families with Substance Abuse Problems and
Involvement in the Child Welfare System**

Proposal Due: July 11, 2012

Date of Issuance: June 21, 2012

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Agency

The Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) in partnership with the Department of Children and Families (DCF) is issuing this Request for Proposals (RFP).

Purpose of this Announcement

DMHAS and DCF are partnering to prepare a grant application for an initiative that is designed to strengthen and keep together families who are unstably housed, involved in the child welfare system, and facing substance abuse issues. DMHAS and DCF are soliciting proposals from potential community partners around the development or expansion of permanent supportive housing as a means to improve child and family well-being and decrease child welfare involvement among these vulnerable families. Ultimately, families will receive services and support that help them to develop the capacity to independently care for their children in a safe and affordable setting. The target population of this RFP is limited to children, youth, and families involved with the child welfare system whose challenges include but are not limited to housing instability or homelessness and substance abuse. To be selected for partnership in this initiative, applicants must demonstrate that they have access to some number of permanent rental subsidies, vouchers or affordable housing units. It is anticipated that approximately three awards will be made with an annual budget of approximately \$250,000 for each award.

This funding is contingent on DMHAS and DCF being awarded federal funding through the “Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System” grant opportunity issued by the Administration for Children, Youth and Families’ Children’s Bureau.

DMHAS and DCF are collaborating on this effort. DMHAS will serve as the lead state agency and submit an application for this federal grant due July 30, 2012. Should the proposal that your agency submits in response to this Request for Proposals (RFP) be selected for partnership for this initiative, your agency is agreeing to partner with DMHAS and DCF on this federal project and adhere to any federal guidelines prescribed.

To view the federal funding announcement, which may assist you in writing your proposal, please visit <http://www.acf.hhs.gov/grants/open/foa/view/HHS-2012-ACF-ACYF-CA-0538>.

This federal grant opportunity will support:

- The development or expansion of triage procedures for a subset of families who come to the attention of the child welfare system due to severe housing issues and high service needs;

- Local implementation of supportive housing services that integrate community services for housing and other critical services for the specified target population;
- Customized case management services for children and their parents, as well as trauma informed interventions and evidence-based mental health and substance abuse services through partnerships to access additional services through community-based service providers; and
- Evaluations that examine the process and implementation outcomes for these grants.

Grants will further triage efforts outlined in the reauthorization of the Child Abuse Prevention and Treatment Act 2010 (CAPTA) through collaborations between child protective services and various community authorities, agencies and providers, focused on prevention, intervention and investigation of child maltreatment. Projects under this funding opportunity announcement will serve a subset of child welfare involved families who challenges include but are not limited to housing instability or homelessness and substance abuse.

Community-linked services will be provided to families through the local implementation of supportive housing services. The demonstration models will build upon and adapt supportive housing services designed to respond to the complex needs of families with child protective services involvement in a multidisciplinary and ongoing manner. Evidence-based, trauma-informed services will be embedded into the service structure in order to improve housing stability and engagement in supportive services. Applicants must describe what evidence-based, trauma-informed services they are considering for inclusion. Expected outcomes are: a reduction in child welfare system contacts, reduction in child maltreatment, child removals, foster care placements and an increase in housing stability and employment. Additional outcomes include reduced substance use disorder as a result of referral to and engagement in substance abuse treatment.

Successful applicants will blend subsidized housing with support services in addition to those already provided by DCF for the targeted population described above and in Section A. This RFP encourages the development of innovative supportive housing services based on family preservation principles with the goal of preventing family separation and homelessness while promoting recovery, positive family functioning, and self-sufficiency. The DMHAS outpatient treatment system will be able to accommodate the substance abuse treatment needs of the project participants. DMHAS provides annualized funding through Federal Block Grant Women's Set Aside and State funding to a statewide network of licensed substance abuse treatment providers in all modalities of care. This funding is for gender specific substance abuse treatment for pregnant and parenting women, and women and their children under DYFS supervision.

Applicants must demonstrate experience with this population, demonstrate that they have secured or will secure within 6 months of this award, affordable housing for at least 4 families, and agree to serve 17 families. DMHAS has 39 housing vouchers that will be leveraged for this project and equitably allocated among awardees resulting in 13 per three awardees. If awarded the federal grant, DMHAS and DCF will seek to serve 51 families. This RFP calls for the development of an interdisciplinary team to provide case management and supportive housing services to these families. From this point forward, this team will be referred to as the Family Interdisciplinary Team (FIT).

All application and expenditure data pertaining to these contract funds must be presented independently of any other DMHAS or non-DMHAS funded program of the applicant/contractee. Award(s) under this RFP will be clustered separately from other existing components for contract application and reporting, and successful applicants will not be required to report cost sharing. Actual funding levels will depend on the availability of funds and are **entirely contingent on receipt of federal funding**. If awarded, this will be a one year contract(s) that is renewable annually for an additional four years. Annual continuation and renewal are subject to availability of funds, satisfactory performance, as well as compliance and completion of all required/requested reports.

Background

The cycle linking homelessness and foster care often begins with homeless parents, usually single female-heads-of-households, who have experienced childhood sexual and physical abuse, and adulthood trauma. Homelessness becomes more likely as parents struggle to maintain their families while battling mental illness and substance abuse problems. The results of one study actually demonstrated that homelessness, rather than parental substance abuse or mental illness, is the strongest predictor of child out-of-home placement. At the same time, we recognize that substance abuse and mental health play a huge role in creating challenges to safety and well-being in the lives of the families we serve.

Thus, the goal of this initiative is to reduce family separation due to lack of adequate housing and at the same time, ensure that families have the supports and services they need around the other challenges in their lives. Experiences of maltreatment, homelessness, parental substance abuse or mental illness, domestic violence, poverty and removal from parents, all threaten the healthy development and well-being of children. If these experiences can be prevented or their impact mitigated, it is possible to substantially improve outcomes for these children.

While some families may be facing homelessness for the first time, many are caught in a cycle of poverty, mental illness, trauma, and substance abuse. Integrating child welfare, housing, along with other identified critical supportive services based on an assessment of the unique strengths and needs of each family, is critical to promoting positive outcomes for homeless parents and their children.

Lack of stable housing, child welfare involvement, and substance use disorders are interwoven and require collaboration among systems to ensure success for our clients. Many custodial parents who need substance abuse treatment must be separated from their young children in order to receive residential treatment due to age restrictions and the limited number of children allowed into facilities. Losing custody of children often results in cessation of housing subsidies, so many women refuse to enter long-term residential treatment because of housing concerns. Housing is part of early treatment planning because it has become such a significant barrier to residential treatment and family reunification.

Data from the DMHAS New Jersey Substance Abuse Monitoring System (NJSAMS) were used to examine outcome measures for three DYFS Women's long term residential programs. While there were positive outcomes for abstinence from alcohol and other drugs at discharge, the relatively poor outcomes in the other significant life areas can make it difficult for these women to sustain their recovery. There were 139 discharges from these programs in 2010. The average length of stay ranged from 105 to 122 days. The percentage of women who completed LTR treatment was: 29.4%, 42.2% and 58.1%.

Data from the DAS Supported Housing pilot that was developed as part of its Medication Assisted Treatment Initiative (MATI) indicated a positive increase in the number of clients having their minor children living with them, and seeking reunification with them from baseline to 6 months later.

One of New Jersey's strengths includes designated child welfare treatment slots such as women's residential treatment programs. These particular slots play a critical role in the treatment service array. While, the predominant service model successfully addresses the symptom of family dysfunction and abuse (i.e., addiction), in order to fully address the complex needs of families and build onto gains families have achieved in residential substance abuse treatment settings, a comprehensive model (i.e., supportive housing) is needed. Thus, we recognize that permanent supportive housing can be significant for women who successfully complete treatment but face housing challenges. Permanent supportive housing can ensure that the progress achieved in treatment is not limited or undermined because of housing instability.

Independent evaluations have consistently demonstrated the efficacy of supportive housing to end homelessness and institutional cycling as well as improve outcomes for the most vulnerable populations. Supportive housing has been shown to support the following positive outcomes for tenants:

- 1) Increased housing stability-- an analysis of outcomes from two family supportive housing projects with voluntary services found that the two programs had retention rates of 94 and 95 percent after one year;
- 2) Tenants generally utilized voluntary support services: medical (81%), mental health (80%), substance use (56%), benefit advocacy (51%), and employment

services (41%) (CSH's Closer to Home evaluation);

3) Reduced substance use-- a 2009 evaluation of the Seattle Eastlake project found supportive housing tenants dramatically reduced alcohol use within 12 months (24% less drinks per day, 65% less days intoxicated);

4) Less public costs-- as a result of reduced crisis care use, supportive housing reduces public costs. For example, supportive housing resulted in 71% lower costs among the most costly 10% of homeless persons in Los Angeles (Economic Roundtable).

A 2009 Illinois supportive housing study found 39% cost reduction across public systems and family reunification, and outcome evaluations of two supportive housing programs in Minnesota found family reunification rates of 73% and 67% (National Center on Family Homelessness 2009).

Who Can Apply?

The following eligibility criteria shall apply:

1. Eligibility for contracts is limited to applicants who are either public or private non-profit organizations.
2. Applicants must have a New Jersey address and be able to conduct business from a facility located in New Jersey.
3. All New Jersey and out of State Corporations must obtain a Business Registration Certificate (BRC) from the Department of the Treasury, Division of Revenue prior to conducting business in the State of New Jersey.
4. Proof of valid business registration with the Division of Revenue, Department of the Treasury, State of New Jersey, shall be submitted by the bidder and, if applicable, by every subcontractor of the bidder, with the bidder's bid. No contract will be awarded without proof of business registration with the Division of Revenue. Any questions in this regard can be directed to the Division of Revenue at (609) 292-1730. Form NJ-REG. can be filed online at www.state.nj.us/njbgs/services.html.
5. Before performing work under the contract, all sub-contractors of the contractor must provide to the contractor proof of New Jersey business registration. The contractor shall forward the business registration documents on to the using agency.
6. Applicants must not be suspended or debarred by DMHAS or any other State or Federal entity from receiving funds.

7. Applicants must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission.

8. Applicants must have a governing body that provides oversight as is legally permitted. No member of the Board of Directors can be employed as a consultant for the successful applicant.

NOTE: If, at the time of receipt of the proposal, the applicant does not comply with this standard, the applicant must submit evidence that it has begun to modify its structure and that the requirement will be met by the time the contract is executed. *If this required organizational structure is not in place before the start date, the contract will not be executed and the funding will be waived.*

Proposal Package

The proposal package includes the following:

- RFP including narrative instructions for this specific contract
- Contract Application

How to Get a Proposal Package

- Contact Helen Staton
Division of Mental Health and Addiction Services
P.O. Box 362
Trenton, NJ 08625
helen.staton@dhs.state.nj.us
(609) 633-8781
- Download the RFP from the following website:
<http://www.state.nj.us/humanservices/providers/grants/rfp/rfi/>.
- Download the contract application forms from the following website:
<http://www.state.nj.us/humanservices/das/information/contracts/>.

Due Date

Proposals must be received by DMHAS by 5:00 p.m. on July 11, 2012, and include one (1) signed original and five (5) copies. Faxed or electronic proposals, as well as those received after the deadline, will not be reviewed.

Where to Send Proposals

Send the signed original and five (5) copies of your proposal to DMHAS.

For United States Postal Service, please address to:

Helen Staton
Division of Mental Health and Addiction Services
P.O. Box 362
Trenton, NJ 08625
(609) 633-8781

For UPS, FedEx, other courier service or hand delivery, please address to:

Helen Staton
Division of Mental Health and Addiction Services
120 South Stockton Street, 3rd floor
Trenton, NJ 08611
(609) 633-8781

Please note that if you send your proposal package through United States Postal Service two-day priority mail delivery to the P.O. Box, your package may not arrive in two days. In order to meet the deadline, please send your package earlier than two days before the deadline or use a private carrier's overnight delivery to the street address.

You will NOT be notified that your package has been received. If you require a phone number for delivery, you may use (609) 633-8781.

Contract Overview/Expectations

This initiative provides an opportunity for local substance abuse, mental health, child welfare and other non-profit providers to introduce or expand the capacity of existing supportive housing units into their service arrays. For example, contract funds may be used for the express purpose of implementing a supportive housing model. Applicants will be expected to meet the various and multifaceted needs of families and children within their program and provide linkages to community-based services not offered by program staff (e.g. day treatment, child care, intensive mental health, employment and educational services.) Program staff will be responsible for engaging both parent/s and children in actively participating in services and community activities.

Program Requirements

A. Target Population

The target population must be limited to children, youth, and families involved with the child welfare system whose challenges include but are not limited to housing instability or homelessness and substance abuse.

Characteristics of appropriate target populations under this request for proposals include, but are not limited to:

- Reports to child protective services related to abuse and neglect;
- Exposure to prior traumas, including child abuse and domestic violence;
- Lack of financial resources and receiving or eligibility for public assistance;
- Repeated episodes of homelessness over time and/or long stays in shelters; and
- Parents with serious and chronic substance abuse, who may also have co-occurring mental health or physical health problems.

B. Need Assessment

Applicants should describe the need for assistance, including the nature and scope of the problem. Any relevant data based on planning studies or needs assessments, or existing data from State or Federal sources, which identifies and describes the size, characteristics, and needs of the populations to be served, should be included or referred to in the endnotes/footnotes.

C. Development of a Family Interdisciplinary Team (FIT)

The contractee will provide case management and support services that focus on the safety, permanency and well-being of the child and the substance abuse needs and other high risk needs of the parent. A key factor in the success of this project is development of a Family Interdisciplinary Team (FIT) to support participants placed in housing.

The FIT will:

- Help applicants obtain and retain tenancy in housing that is appropriate to their needs;
- Provide supportive services, described below, so that participants can access primary health care facilities and programs that provide appropriate community-based specialty health care services, including mental health and substance abuse treatment, educational, vocational, employment-related counseling, and other supportive services;
- Support clients' continuing tenure by providing services that develop life skills for independent living as well as links to services that focus on treatment, wellness and recovery; and
- Incorporate the tenants of the DCF Case Practice Model (<http://www.state.nj.us/dcf/about/case/>) and encourage Family Team Meetings to negotiate family centered comprehensive case plans and family agreements.

Applicants should use their discretion and expertise to develop a scope of services and staffing pattern that will best meet the goals and objectives of this initiative. While an example of a teaming model is provided below, if you have experience or success with utilizing another evidence-based model, we would encourage you to adapt such a model as necessary for the purposes of this initiative.

STAFFING:

Program Director (1 FTE)

A LPC, LCSW or other clinical license will be responsible for the operation of the program and must be able to work with and negotiate with landlords and property managers on behalf of tenants. The Program Director will build relationships in the community to ensure access to quality services for families. The Program Director shall demonstrate evidence of working with substance abuse population and/or evidence of addiction coursework. S/he will also be responsible for ensuring 1) that the program complies with the national evaluation, 2) regular communication with DMHAS program officer and (3) demonstrating progress toward program goals. Additional responsibilities include:

- Supervision of program staff
- Oversight of the Integrated Family Case Plan that includes periodic review and revision of the plan
- Coordination and monitoring of program services
- Collaboration with appropriate DYFS staff to ensure coordination of care
- Ensures services are delivered in a culturally competent and linguistic manner
- Improve the scope and capacity of the delivery system in order to ensure program sustainability

2 Case Managers (1 FTE and .5 FTE)

Case manager must possess a Bachelor's level CADAC, LCADC, or Master's in health, social work or education professional. The case manager must possess the knowledge, skills and experience necessary to competently perform case management activities. The case manager must have at least 5 years of experience working with high need families involved in the child welfare system and children and families dealing with substance abuse and/or mental health problems. The case manager shall demonstrate evidence of working with substance abuse population and/or evidence of addiction coursework. The case manager will work with families to support and strengthen their capacity to engage in healthy practices and to maintain stable homes. Additional case manager responsibilities include:

- Provide an evidence based comprehensive case management assessment that includes life domains such as housing, finances, transportation, legal services, vocational, employment, health care, and family strengths/needs
- Develop the Integrated Family Case Plan which is client centered and includes strategies for recovery. The plan shall identify priorities, desired outcomes and

the strategies and resources to be used in obtaining outcomes based on the case management assessment

- Provide screening, brief intervention and referral to substance abuse treatment
- Linking clients with systems that provide them with resources, services and opportunities
- Advocacy on behalf of the family

A consultant hired by DMHAS will train the FIT in recognizing trauma symptoms and on how to effectively engage parents with histories of trauma. Using the sample staffing model above, the Program Director shall assign the appropriate caseload per case manager. A full-time case manager would carry a minimum of 12 cases at all times and the part-time case manager would carry a minimum of 5 cases at all times. The FIT will be expected to provide services for 17 families as needed. Case managers are required to meet with families minimally one hour per week. After normal work hours, the FIT must be reachable by telephone so that coverage is 24 hours a day and seven days a week to achieve optimum flexibility and responsiveness to client. The team is required to maintain documentation that includes face-to-face contact hours and collateral contacts.

The continued availability of rental subsidies and experience will determine if the number of families accommodated by the team can exceed 17. As consumers achieve greater levels of self-sufficiency, competence and utilization of extended support networks, less support and fewer services from the FIT staff may be required. Thus ongoing enrollment beyond 17 may become possible. Depending on the client's needs, the level of service intensity provided by the FIT may vary. The case manager shall demonstrate evidence of working with substance abuse population and/or evidence of addiction coursework.

D. Program Services and Activities

Funded projects must provide specific services and activities that meet the intent of the funding. Services and activities that contractees are required to develop include:

Establishment of a Family Interdisciplinary Team for Case Management

Ensuring the safety, stability, and well-being of vulnerable children and families requires extensive practice knowledge and effective information sharing that is best accomplished through the development of interdisciplinary teams to work with families. The team is a source for information sharing, understanding, consultation, joint practice, and accountability. The primary role of the team will be to:

- Establish a trusting relationship with families to promote child well-being and family stability while improving the capacity of caregivers to provide a safe and permanent home for their children and to motivate parents to engage in substance abuse treatment and any other services required to address their needs.

- Work with the family to develop an integrated family case plan that includes housing needs as well as other services needed by the family.
- Ensure housing retention and improve housing stability among families as a platform for ongoing engagement and family stability.
- Work with families to devise and implement a comprehensive, family-based program that focuses on child safety, positive family functioning, and wellness.
- Build a network of support within the program and among tenants that focuses on trust, well-being, and social/community integration.
- Advocate on behalf of parents and children to ensure that they understand the requirements of the social services in which they are engaged. Facilitate access to public benefits available to them. Staff will act as a liaison between parent and service provider when necessary while building the capacity of the caregiver and child to communicate effectively and advocate for them.

Also as part of the federal grant application, contractees are expected to participate in all training offered by the State's training consultant that will be hired through the federal opportunity. Trainings will focus on the following two categories of service which include family functioning and trauma informed care:

Services for Parents and Children That Address Family Functioning

- Parenting skills training to provide evidenced-based strategies to promote the parenting abilities of parents who are receiving in-home child welfare services, or whose children have been removed with goals of reunification. Examples of evidence-based strategies include Celebrating Families and Strengthening Families, Nurturing Parent Program, Parents as Teachers, and Triple P.
- Access to programs to address relational problems, and concerns including such programs as Parent-Child Interaction Therapy, Brief Strategic Family Therapy, Child Parent Psychotherapy, Functional Family Therapy.
- Services and interventions to improve family functioning and assist with reunification of families when children have been in out-of-home placements such as Multi-Systemic Family Therapy.
- Ancillary services for families to provide assistance in securing needed services such as safe and drug-free housing, transportation, and child care.

Services and Activities For Children And Youth That Address Child Well-Being And Trauma

- Screening and assessment of child well-being. In infancy and early childhood this would reflect development in four general domains: 1) language development and communication; 2) Intellectual ability and cognitive functions; 3) physical development and motor skills; and 4) socio-emotional functioning. In middle childhood, well-being involves the assessment of socio-emotional functioning and general social competence, academic achievement, peer relationships and social skills, a developing sense of identity, and the nature of social support. In

adolescents, emotional health, social adaptation, academic achievement, and preparation for adult roles and responsibilities are evaluated.

- Evidence-based, developmentally appropriate approaches to promoting child well-being. Approaches would be tailored to the specific needs of the child.
- Access to appropriate mental health services for children involved in the child welfare system, including services to address experiences of trauma. These might include evidence-based, trauma-focused interventions (i.e., trauma-focused cognitive behavioral therapy), psychological first aid and de-escalation, development of coping strategies, relaxation and self-control strategies, encouragement of expression of feelings, services that address relationship concerns, and other approaches.

Examples of the full array of case management/supportive services that the FIT will be required to coordinate and link with include, but are not limited, to:

- Independent living skills training (e.g., housekeeping, shopping, etc.)
- Parenting skills training
- Job skill development training
- Illness self-management
- Pre-vocational services, including work readiness
- Financial literacy and asset building training
- Benefits/entitlements access and coordination
- Sober social and recreational support
- Housing related services (e.g., housing search, liaison with landlords, reviewing leases and maintaining a copy, etc.)
- Medical and non-medical transportation services
- Drug/alcohol treatment services
- Community mental health treatment (e.g., outpatient, partial care, emergency, etc.)
- Financial
- Public entitlement programs where appropriate (e.g., SSI/SSDI, WIC, Food Stamps, etc.)
- Medication monitoring
- Child care
- Rehabilitation/Vocational
- Employment
- Education
- Legal
- Medical/Dental
- 12-Step/self-help groups
- Sober recreation
- Other social services as needed

E. Identification of Families

Families for this program will be identified jointly by staff in the Department of Children and Families (DCF), Division of Youth and Family Services (DYFS) field offices and a small interdisciplinary group of professionals from DCF and DMHAS, in consultation with the DCF Office of Child and Family Health. Once eligibility for the pilot has been determined, the provider will have an opportunity to interview the family for tenancy.

Once interviewed, the contractee will identify appropriate housing for the family. The contractee will make every effort to ensure that families remain housed and are voluntarily engaged in service options that are appropriate for the needs of the tenant.

F. Housing Related Requirements

The contactee must demonstrate in their application that they have secured or will secure affordable housing for this project within six months. Applicants must also demonstrate that they have secured or will secure within 6 months of this award, affordable housing for at least 4 families. Applicants must agree to serve 17 families. DMHAS has 39 housing vouchers that will be leveraged for this project, which will be equitably allocated among awardees. The goal of this announcement is to serve 51 families. All affordable housing provided in conjunction with these services must meet the following requirements:

- Families have leases and rights and responsibilities of tenancy. Tenure in housing is not contingent upon families' participation in services.
- Rent is adequately subsidized such that extremely low-income tenants can pay no more than 30% of their gross monthly income for rent. Income may include employment, public assistance or SSI/SSDI and/or other public benefits.
- The design, construction, appearance, physical integrity, and maintenance of the housing units provide an environment that is attractive, safe, sustainable, functional, appropriate for the surrounding community, and conducive to tenants' stability and community integration.
- The contractee will secure all the rental units needed for this project.
- The contractee will demonstrate that they have identified a landlord that will enter into a 5-year master lease agreement.
- The contractee will sub-lease apartments to the head of household and a copy of each sub-lease must be maintained as part of their file. The lease must include the names of all members living in the household, including significant others.

In the absence of a dedicated subsidy for the families, units may come from the following sources:

Housing/Subsidy Source	Demonstrated by
Applicant has obtained a commitment of tenant-based vouchers (FUP/Section 8) from a public housing authority or a state/local housing agency	Commitment letter from public housing authority or state/local housing agency

Applicant has an award for sponsor-based rental subsidies (FUP/Section 8/Shelter Plus Care) from HUD, a public housing authority, or a state/local housing agency	Award letter for sponsor-based subsidies from HUD, public housing authority, or state/local housing agency
Applicant is (or is partnering with an organization that is) currently developing a new building with units available to targeted families and which will be subsidized through project-based subsidies	Award letter for project-based subsidies from HUD, public housing authority, or state/local housing agency

Subsidies will only be provided for habitable units that are offered at fair market rents as determined by the State's Rental Assistance Program. For those consumers with no income, the team will assist the consumer in obtaining employment and/or benefits for which they are eligible.

The team will assist all consumers in completing an application process for rental assistance that includes income verification, credit and criminal background checks, application for Federal Section 8 Housing Vouchers as administered by the State Rental Assistance Program (SRAP) of the New Jersey Department of Community Affairs, and the provision of any other documentation as requested. The information obtained from background checks is not intended to be used to exclude anyone from participation in the program. Instead, it will be used as part of the assessment of what kinds of supports a consumer will need to achieve long-term tenancy, for example, basic understanding of housing budgets and the use of credit, as well as how to be a good tenant, and how to maintain a positive working relationship with a parole officer if the consumer is a parolee.

It is expected that the successful applicant agency will attempt to secure Section 8 or SRAP vouchers for the housing consumers being served by the team so that the pool of rental subsidies DMHAS provides can be sustained. It is recognized that there may be exclusionary criteria (e.g., involvement in drug-related criminal activity) which may prevent the client from obtaining these vouchers.

G. Rental Subsidies

Management of the subsidies (i.e., paying landlords) are handled by the agencies awarded the supportive housing contract. Financial and administrative oversight will be provided by DMHAS and DCF, including final review and approval/authorization of the rental subsidies. Prior to providing any subsidy, the team will be required to complete a housing application for each client to ensure they meet income and program eligibility criteria, which will be submitted to DMHAS for review and approval.

These funds should not be used to supplement or supplant existing services attached to a supportive housing project unless it means the supportive housing provider, by

receiving the award, could expand their capacity to serve the proposed number of pilot families.

H. Collaboration

A systems level partnership will be developed by DMHAS and DCF to include the local public child welfare agency, the local behavioral health agency, local public housing authority or other housing agency, and at least one community family homeless shelter or domestic violence shelter provider. Partners may also include the Temporary Assistance to Needy Families (TANF) agency. Applicants to this RFP must submit letter(s) of support and/or affiliation agreement(s) with local outpatient substance abuse treatment provider AND local public housing authority as an appendix to their application.

This group will consist of multiple public agencies and non-profit providers invested in improving outcomes for children in families where maltreatment has occurred and where the caregiver has substance abuse issues. The participation of the contractee is required to ensure that families are receiving coordinated and effective services to promote health, wellness and stability of the family.

The contractee is also expected to be well-versed in community based services for families and ensure that families have access to those services and are actively engaged in their treatment and improving the health and well-being of their families.

I. Program Evaluation and Data Collection

Projects funded for this award will build the evidence base for innovative interventions that enhance well-being and improve outcomes for families who are at risk of separation or have been separated by DYFS due to inadequate housing and other serious barriers to stability. Projects are required to provide information to the State evaluator in rigorous site-specific evaluations in order to improve their processes and services and to demonstrate linkages between proposed interventions and improved outcomes.

Funded projects will need systems for collecting, tracking, analyzing, and reporting data on clients/families served and on program activities and services provided, including any electronic systems for collecting this data. Data collected will support the contractee's efforts for their own performance management and continuous quality improvement.

The successful applicant for this program will be expected to participate in the evaluation of program outcomes, including continuity of tenancy, support services provided for achievement of identified wellness and recovery related goals, and consumer satisfaction. Other outcomes to be assessed will focus on education and employment, criminal justice involvement, social connectedness, consumer well-being and quality of life. Child welfare outcomes will focus on child well-being, safety and permanency.

Evaluation will also address the utilization of emergency medical, psychiatric or substance abuse services, utilization of public assistance, Medicaid expenditures, and voluntary participation in treatment services.

Successful applicants will be prepared to comply with the Division's program evaluation by responding to data requests from DMHAS or DCF, entering data in the New Jersey Substance Abuse Monitoring System (NJ-SAMS) Supportive Housing data collection module, facilitating completion of consumer satisfaction questionnaires and any other monitoring activities. Applicants will document units of service delivered when requested using data collection forms developed by DMHAS.

To the extent possible, feedback on data and data collection strategies will be discussed with the contractee. Data from the contractee will supplement administrative data collected by DYFS and DHMAS.

Key evaluation criteria will include:

1. Decreased involvement with the child welfare system, as indicated by:
 - Case plan with child welfare agency/ family court order(s) have been satisfied
 - Reunification of separated families within ASFA timelines
 - Reduction in foster care placements
2. Increased housing stability, as indicated by:
 - No returns to homelessness
 - Family remains in stable housing situation (i.e., in own housing with a lease and not in temporary situations)
 - Decrease in frequency of moves
3. Improvements in caregiver outcomes, as indicated by:
 - Improved health and mental health
 - Decreased substance use
 - Increased access to needed health, behavioral health, and supportive services
 - Increased education/employment/earnings and/or access to income supports/benefits (SSI, TANF, etc.)
 - Increased parental functioning and decreased parental stress
 - Increased social support system
4. Child well-being improvement, as indicated by:
 - Improved health and behavioral health
 - Increased access to needed health, behavioral health, educational services
 - School attendance and achievement improves (school-age kids)
 - Decreased involvement with juvenile justice system (if applicable for

older kids in household)

J. Funding

The total budget for each of the three awardees will be approximately \$250,000 per year for up to five years, to underwrite the supportive services team, and other operating expenses. Eligible expenses unique to the operation of the team include:

1. Staff
2. Office space: rental and utilities
3. Supplies
4. Equipment: lease of a vehicle, a lap-top computer, and cell phones for use by team members.
5. Operational costs

K. Project Sustainability Plan

Provide a plan for sustainability that details how the proposed project approach will create project self-sufficiency and help to ensure that the impact of the project will continue after Federal assistance has ended. The applicant may include information on plans to secure additional financial resources.

L. Substance Abuse Treatment

All providers of drug treatment services that might be utilized under these contracts must have in place established, facility-wide policies which prohibit discrimination against clients of substance abuse prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery from substance addiction with legitimately prescribed medication/s. These policies must be in writing in a visible, legible and clear posting at a common location which is accessible to all who enter the facility.

Licensed substance abuse treatment facilities must submit a facility-wide policy which supports a client who is receiving medication assisted therapy (MAT). Specifically, agencies will have to be able to demonstrate that if a client is denied admission on the grounds that the facility does not have the capacity to support the client's MAT, it shall refer the client to an appropriate facility and shall document the referral. Furthermore, if a facility admits a client pursuing MAT and the client requires pharmaceutical services it shall support, or at a minimum shall not interfere with the client's MAT.

Moreover, no client who is admitted into a treatment facility, or a recipient of or participant in any prevention, treatment or recovery support services, shall be denied full access to, participation in and enjoyment of that program, service or activity available, or offered to others, due to the use of legitimately prescribed medications.

General Contracting Information

The Department reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include, but are not limited to, State loss of funding for the contract, insufficient infrastructure agency-wide, inability of the applicant to provide adequate services, indication of misrepresentation of information and/or non-compliance with any existing Department contracts and procedures or State and/or Federal laws and regulations.

All applicants will be notified in writing of the State's intent to award a contract. All proposals are considered public information and as such will be made available upon request after the completion of the RFP process.

All applicants will be required to comply with the Affirmative Action requirements of P.L. 1975 c. 127 (N.J.A.C. 17:27), P.L. 2005, c.51 and 271, Executive Order 117 and N.J.S.A. 52:34-13-2 Source Disclosure Certification (replaces Executive Order 129).

Awardee will be required to comply with the DHS contracting rules and regulations, including the Standard Language Document, the Department of Human Services' Contract Reimbursement Manual, and the Contract Policy and Information Manual. A list of depository libraries where applicants may review the manuals can be found on the internet at http://slic.njstatelib.org/NJ_Information/NJ_by_Topic/NJ_Depositories.php. Additionally, manuals may be downloaded from the DHS website of the Office of Contract Policy and Management (OCPM) at <http://www.state.nj.us/humanservices/ocpm/home/resources/>. The link for the DHS contract manuals is on the left. The awardees will be required to negotiate contracts with DHS/DMHAS upon award, and may also be subject to a pre-award audit survey.

The award(s) **which is/are contingent on receipt of federal funding** will be announced on July 20, 2012. Movement on the award cannot be made until DMHAS receives notification from the Administration on Children, Youth and Families (ACYF). Thus, the contract start date is contingent upon if and when a federal award is made to DMHAS. Upon official notification from ACYF of an award to DMHAS, certain expenses incurred by successful applicants during the transition period after selection, but prior to the effective date of the contract, may be reimbursed upon approval.

A contract awarded as a result of this RFP will be a one year contract(s) that is renewable annually for an additional four years based on continued federal funding for the project. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams.

All application and expenditure data pertaining to these contract funds must be independent of any other DMHAS or non-DMHAS funded program of the applicant/contractee. Award(s) under this RFP will be clustered separately from other existing components for contract application and reporting.

Contractees are expected to adhere to all applicable State and Federal cost principles. Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

An appeal based on the determination may be filed in writing to the Division's Assistant Commissioner within seven calendar days following receipt of the notification. An appeal of the selection process shall be heard only if it is alleged that the Division has violated a statutory or regulatory provision in the awarding of the contract. An appeal will not be heard based upon a challenge to the evaluation of a proposal.

Proposal Requirements/Scoring

Applicants must provide a written description of the proposed services. The narrative portion should be single-spaced with one inch margins, no smaller than 12 point font, not exceed 20 pages, and be organized in the order of the key concepts below. Items included in the Appendices do not count towards the narrative page limit. **All pages should be numbered, with the exception of the single audit report, IRS Form 990 and Pension Form 5500.**

Funding decisions will be based on such factors as the scope and quality of the proposal and appropriateness and reasonableness of the budget. The Review Committee will also be looking for evidence of cultural competence in each section of the narrative. The Review Committee may choose to visit any applicants' existing program(s) and/or review any programmatic or fiscal documents in the possession of DMHAS. Any disciplinary action in the past must be revealed and fully explained. The number of points after each heading shows the maximum number of points the Review Committee members may assign to that category.

History and Experience – 15

- Provide a brief narrative describing your agency's mission and history, its primary purpose, target population and the number of years of experience and success providing motivational case management, housing, employment enhancement and addiction services to those who have substance abuse disorders, are homeless or at risk of homelessness and/or involved with the child welfare system.
- How does your agency's experience and previous success demonstrate your ability to provide the expected services?
- Indicate if your agency is currently licensed by DMHAS. If yes, include a copy of your license. Indicate if your agency is currently funded by DMHAS, and if your agency is in any DMHAS Fee-For-Service Provider Network.
- If currently funded by DMHAS, has any disciplinary action been taken against your agency in the past five years? If so, please explain and include documentation as an Appendix. Has your agency ever been debarred by any State, Federal or local

government agency? If so, please explain and include documentation as an Appendix. Describe any active litigation in which your agency is involved. Also, describe any pending litigation of which your agency has been notified.

Staffing – 15

- Describe the proposed key personnel including the proposed FIT members and any additional support staff, who will be involved with the contract, including their qualifications i.e., professional licensing and related experience. Detail if they are current staff or to be hired, and include if staff will be bilingual. Attach resumes of current staff and any anticipated new hire(s) in an Appendix. Include job descriptions for key personnel with oversight and involvement in completing the responsibilities of the contract.
- Describe the proposed organizational structure and provide a copy in chart form in an Appendix.
- Detail your agency's hiring policies regarding background and credential checks, as well as past criminal convictions.
- Provide a list of your board members, their professional licenses and their organizational affiliations. Specifically identify whether any board member is also an employee of the agency applying for this funding or an employee of a Parent company affiliated with the applicant agency (if applicable). Indicate if the Board of Directors votes on items relating to DMHAS contracts.
- Provide a list of names of your consultants or the consultants that your agency plans on utilizing for this RFP, including their professional licenses and organizational affiliations. Identify whether any of these consultants are also board members and identify any reimbursement the member received as a board member over the last 12 months. Indicate which of these members are voting members.
- Identify and submit all related party transactions including related principal staff as well as professional affiliation agreements (see Annex B-Schedule 4 at the end of this RFP).
- Provide a work week schedule detailing how you will deploy staff to assure 24 hours 7 days a week coverage so as to achieve optimum flexibility and responsiveness to clients.

Facilities/Equipment – 10

- Describe the plan for office space, vehicle, and any needs specific to this project.

- Describe how tangible assets, such as computers and hardware, phones, and other special service equipment will be acquired or allocated for staff and/or clients, who may require these services at the locations listed.
- Clearly describe the facility's Americans with Disabilities Act (ADA) accessibility for individuals with disabilities.
- Detail your agency's ability to use the New Jersey Substance Abuse Monitoring System (NJ-SAMS).

Description of Services - 40

- Describe in detail the services to be provided by the proposed Family Interdisciplinary and the methods the team will use to deliver services. Describe how the applicant agency's proposed approach would fulfill DHMAS/DYFS stated goals and objectives for this program initiative. Clearly and fully describe how the proposed program will meet the goals for supportive housing identified in this RFP. Describe the target population in the area in which services are to be provided. Include the following elements in your response:
- Licensed substance abuse treatment facilities must submit a facility-wide policy which supports a client who is receiving medication assisted therapy (MAT). Specifically, agencies will have to be able to demonstrate that if a client is denied admission on the grounds that the facility does not have the capacity to support the client's MAT, it shall refer the client to an appropriate facility and shall document the referral. Furthermore, if a facility admits a client pursuing MAT and the client requires pharmaceutical services it shall support, or at a minimum shall not interfere with the client's MAT.
- Describe your policies which prohibit discrimination against clients of substance abuse prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery from substance addiction with legitimately prescribed medication/s. Include your policy(ies) as an appendix.
- What was your agency's last Continuous Quality Improvement effort? What was identified as an issue? What actions were taken? What was the outcome?
- Describe in detail the services to be provided by the proposed Family Interdisciplinary team and the methods the team will use to deliver services. Describe how the applicant agency's proposed approach would fulfill DHMAS/DYFS stated goals and objectives for this program initiative.
- Describe and demonstrate the effectiveness of the applicant agency's approach for providing directly or through linkages the services set forth under the heading "Program Services and Activities".

- Describe and demonstrate the effectiveness of measures that will be taken to ensure that services are provided in a culturally competent, linguistically appropriate, and sensitive manner for the target population to be served.
- Include a contingency plan which addresses situations where the head of household must leave the home due to inpatient treatment, hospitalization, incarceration, etc. The plan must specify where the children will be placed during the absence of the head of household (e.g., living with other family members, placed in foster care). In instances where the head of household has been admitted to inpatient care, the provider agency shall hold the apartment for up to, but no longer than, 90 days.
- Describe and demonstrate a detailed emergency response plan including response to medical and psychiatric emergencies. Include in the program description an explanation of personnel training including assessing risk and safety, handling emergencies, coordinating with medical, mental health, law enforcement, and other professionals, and implementing health and safety procedures. The emergency plan should also address situations such as child safety, fire, sexual harassment, disaster, and other incidents that may jeopardize the health and safety of residents.
- State and justify each of the outcomes to be achieved by families to be served and demonstrate how the program would effectively assist them to achieve those outcomes.
- Describe and demonstrate that the applicant agency has actively participated in community-wide consortia and networks appropriate to the needs of program participants.
- How will your proposed team coordinate the services they provide with other support services available in the wider community?
- How will the psychiatric, medical and prescription medicine needs of the clients be addressed?
- Describe how you will refer clients to and access substance abuse treatment or mental health services if needed. Submit letter(s) of support and/or affiliation agreement(s) with local outpatient substance abuse treatment providers as an appendix.
- Describe your approach for developing and monitoring a client's integrated family case plan.
- Describe your plan for reviewing the client's income and collecting additional rent as income increases.
- What will be the specific consumer outcomes related to personal recovery, successful tenancy and increased self-sufficiency?

- Provide the inter-agency cooperative or affiliation agreements for any community-based service provision previously referenced in this proposal.
- Describe process for re-evaluation and for providing the appropriate hours of service based on the families' need.
- Describe your inclusionary and exclusionary criteria for client selection when you receive referrals from DMHAS and DCF.
- Describe your criteria for terminating a client from the program.
- Describe the process and time-frame for program implementation. In particular, how quickly can the services team be assembled, trained and made operational? In addition, what are the proposed target population enrollment and housing placement levels per month? Include a timeline of activities.
- Provide a table of organization that specifies the proposed program's structure in relationship to the applicant agency and its other operations.
- Describe your agency's ability to provide the required data reporting and participation in evaluation.

Housing Plan - 10

- Each housing plan shall include a cooperative agreement with the local public housing authority or other housing agency and at least one community family homeless provider or domestic violence shelter that evidences that such a housing authority is fully committed to the proposed project and will demonstrate a willingness to be engaged in this initiative. Your application should be evidenced by a letter of commitment or a memorandum of understanding (MOU), which state that the organization will be committed regardless of changes in the administration, economic status, or other foreseeable factors. Given the time frames of this application, you may also provide a detailed description of your plans to partner with such agencies if a letter of commitment or MOU cannot be secured in time.
- How will you outreach to potential property managers? How will you help participants to overcome barriers in securing and maintaining housing? How will you ensure that the client's housing preferences are accommodated?
- Describe how your agency will secure within 6 months of this award, affordable housing for at least 4 families. Applicants must agree to serve 17 families.
- Describe how your agency will utilize DMHAS housing vouchers that will be leveraged for this project.

- Describe your housing management plan and the geographic area that it will cover. How will you outreach to potential property managers? How will you help participants to overcome barriers in securing and maintaining housing? How will you ensure that the client's housing preferences are accommodated?

The housing plan which must meet requirements outlined in Section F, should address housing related components of the program, such as:

- The availability of affordable housing, including rental sites or agency owned capacity, within the affected county(s) and methods of securing housing for consumers.
- Housing assessment to select housing suited to the needs of prospective tenants/residents;
- Security deposits (e.g., possible security deposit loan program);
- Provision for household furnishings;
- Management of the tenant-based or project-based rental subsidies;
- Security and supervision for tenants/residents and property; and
- A description of the housing to be provided to the target population, including location, number of units/bedrooms for providing housing and leveraging, including other sources of rental assistance.

Strong proposals that demonstrate the following will be reviewed more favorably:

- Evidence of rental subsidy or rental assistance commitment for ongoing operations; and/or
- Evidence of application for access to other sources of operational and or/service funds, e.g., Federal, United Way, local, or other private funding.

Budget Requirements - 10

- What is your capability of doing financial reports and the frequency, i.e., what software programs are you utilizing for financial reporting? To whom do you report externally using electronic media? How often (i.e. quarterly, monthly)? Do you file any external monthly or quarterly expenditure reports electronically? Do you bill Medicaid? List all of the agencies that you bill electronically.
- Do any of your current and/or former paid employees and/or board members actively participate in lobbying activities? If so, please identify and detail any of the costs allocated to any of your state contracts? If your agency has any paid registered lobbyists, identify and detail any of the costs allocated to your DMHAS budget proposal.
- Does your agency have a line of credit? If so, what is the amount of your agency's line of credit? Who is the lender(s) who provides the line of credit? If an amount was borrowed, what was the reason; and, list month-by-month, for the last 12 months of credit utilization. Is it expected to continue over the next 12 months? Please explain.

- Are there any audits, other than the required single audit, pending or in progress? Who requested the audit? What is the firm's name and telephone number? What type of audit is this?

Required Documentation

Applicants responding to this RFP shall submit their proposal organized in the following manner:

Part I:

1. Signed cover letter;
2. Narrative in response to the Proposal Requirements;
3. Completed contract application;
4. Board Resolution Validation Form; and
5. Two (2) original signed Standard Language Documents.

Part II - Appendices to augment and support your proposal:

1. Agency Information:
 - a. Agency mission statement;
 - b. Organizational chart;
 - c. Job descriptions of key personnel;
 - d. Resumes of key personnel if on staff, limited to 2 pages each;
 - e. Current salary ranges, if not included in the job descriptions;
 - f. Copy of a Certificate of Incorporation and Business Registration;
 - g. Evidence of the applicant's nonprofit status under federal IRS regulations;
 - h. Affirmative Action Certificate of Employee Information Report and /or newly completed AA 302 form;
 - i. Department of Human Services Statement of Assurances (Attached to the RFP);
 - j. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Attached to the RFP);
 - k. Copy of the Annual Report-Charitable Organization (for information visit: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml); and
 - l. Documentation of agency's prior disciplinary action, if any.
2. Agency Policies:
 - a. Copy of agency code of ethics and/or conflict of interest policy ;
 - b. Co-occurring policies and procedures;
 - c. Policies regarding the use of medications; and
 - d. Policies regarding Recovery Support.
3. Letters of Support/Affiliation Agreements;
4. Fiscal Documentation:
 - a. Completed contract application, including the following to be completed using the budget forms located in the Application for Contract Funds:
 - i. List of current members of the Board of Directors and officers, including their titles and terms of service;

- ii. Budget for initial 12-month period of the contract that should clearly delineate initial and operational costs for the period;
 - iii. Annualized budget for the operational cost associated with the second 12-month period; and
 - iv. Overall agency budget with cost allocation plan with appropriate statistics and basis.
- b. List of all contracts and grants to be awarded to the agency by the Federal, State, local government or a private agency during the contract term, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
- c. List of the names and addresses of those entities providing support and/or money to help fund the program for which the proposal is being made, including the funding amount;
- d. N.J.S.A. 52:34-13-2 Source Disclosure Certification Form (replaces Executive Order 129 form);
- e. Schedule 4 (Attached to the RFP);
- f. Most recent and previous single audit report (A133) or certified statements (submit only two copies);
- g. Any other audits performed in the last two years (submit only two copies);
- h. If there are any audits pending or in progress, list the firm completing this audit(s), contact name and telephone number; and
- i. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500, if applicable (submit only two copies).

Review and Award Information

A) Schedule

The following summarizes the application schedule:

June 21, 2012	Notice of Availability of Funds
July 11, 2012	Deadline for receipt of proposals - no later than 5:00 p.m.
July 20, 2012	Contingent award announcement

Contract start date is contingent upon if and when a federal award is made to DMHAS.

B) Screening for Eligibility, Conformity and Completeness

DMHAS staff will screen proposals for eligibility and conformity with the specifications in this RFP. The initial screen will be conducted to determine whether or not the proposal is eligible for review. To be eligible for review by the Committee, staff will verify with the proper authority and through a preliminary review of the proposal that:

1. the applicant is not debarred or suspended by DHS or any other State or Federal entity from receiving funding;

2. the applicant is an incorporated nonprofit organization;
3. all outstanding PoC's have been submitted to DMHAS, if applicable; and
4. Board requirements have been met.

Those proposals that fail this eligibility screen will not be reviewed. Those proposals found eligible for review will be distributed to the Review Committee as described below.

C) Review Committee

DMHAS and DCF will convene a committee consisting of public employees who will conduct a review of each proposal accepted for review, in accordance with the review criteria. Committee members may be unfamiliar with some or all of the applicants. Members may review any documentation available onsite at DMHAS to aid in the review, as well as request a site visit of any applicants proposed contract location or clarification regarding the submitted proposal. All potential reviewers will complete conflict of interest forms. Those with conflicts or the appearance of conflicts will be disqualified from participating in the review.

The Review Committee will score proposals and recommend for funding in the priority order of the scores (highest score = most highly recommended). A minimum score of 70 must be achieved in order to be considered for funding.

D) Funding Recommendations

The Chair of the Review Committee will convey the recommendations to the Assistant Commissioner of DMHAS who will make the final decision on the award.

Applicants are advised that awards may be made conditional upon changes suggested by the Review Committee and/or DMHAS staff. The requested changes, along with their requested implementation dates, will be communicated to the prospective awardees prior to award. This award is contingent on DMHAS receiving federal funding.

Post Award Requirements

A) Documentation

Upon award announcement, the successful applicant must submit one (1) copy of the following documentation (if not already submitted with the proposal) in order to process the contract in a timely manner:

1. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625-0362 as an additional insured;
2. Board Resolution authorizing who is approved for entering into a contract and

- signing related contract documents;
- 3. Two (2) signed originals of the Department of Human Services Standard Language Document;
- 4. Current Agency By-laws;
- 5. Current Personnel Manual or Employee Handbook;
- 6. Copy of Lease or Mortgage;
- 7. Certificate of Incorporation;
- 8. Conflict of Interest Policy;
- 9. Affirmative Action Policy;
- 10. Affirmative Action Certificate of Employee Information Report and/or newly completed AA 302 form (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
- 11. A copy of all applicable licenses;
- 12. Local Certificates of Occupancy;
- 13. Most recent State of New Jersey Business Registration;
- 14. Procurement Policy;
- 15. Current Equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item, a State identifying number or code, original date of purchase, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
- 16. All Subcontracts or Consultant Agreements, related to the DHS Contracts, signed and dated by both parties;
- 17. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
- 18. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
- 19. Updated IRS Form 990, if differs from one submitted with proposal;
- 20. Updated Pension Form 5500, if applicable, if differs from one submitted with proposal;
- 21. Copy of Annual Report;
- 22. N.J.S.A. 52:34-13.2 Source Disclosure Certification form (replaces Executive Order 129 compliance forms);
- 23. Department of Human Services Statement of Assurances (attached to the RFP); and
- 24. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (attached to the RFP).

B) Award Requirements

Awardees must adhere to the following:

- 1. Enter into a contract with DMHAS and comply with applicable DHS and DMHAS contracting rules and regulations;
- 2. Comply with all applicable State and Federal assurances, certifications and regulations regarding the use of these funds;
- 3. Inform the Program Management Officer of any publications/publicity based on the award;

4. Comply with all appropriate State licensure regulations; and
5. Comply with the Americans with Disabilities Act requirements.

C) Other Information

1. DMHAS may provide post contract support to awardee through technical assistance; and
2. DMHAS Program Management Officers will conduct site visits to monitor the progress in accomplishing responsibilities and corresponding strategy for overcoming these problems. An awardee's failure to comply with reporting requirements may result in loss of the contract. The awardee will receive a written report of the site visit findings and will be expected to submit a plan of correction.

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**

**ADDENDUM TO REQUEST FOR PROPOSAL
FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility which assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof which offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his

official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

**Department of Human Services
Statement of Assurances**

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1.) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3.) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4.) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5.) federal Equal Employment Opportunities Act; and 6.) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.

- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: Chief Executive Officer or Equivalent

Date

Typed Name and Title

6/97

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.
THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Attachment D

Schedule 4: Related Organization

Report on this schedule any budgeted or actual purchases from related organizations. A related organization is one under which one party is able to control or influence substantially the actions of the other. Such relationships include but are not limited to those between (1) divisions of an organization; (2) organizations under common control through common officers, directors, or members, and (3) an organization and a director, trustee, officer, or key employee or his/her immediate family, either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest.

Costs of services, facilities, and supplies furnished by organizations related to the provider agency must not exceed the competitive price of comparable services, facilities, or supplies purchased elsewhere.

Purpose:

☐ Budget Preparation

☐ Expenditure Report

Period Covered: _____ to _____

[illegible]